

Wednesday, June 30, 2004

Health officials discuss Indiana's future at conference

More than 400 health officials and vendors attended the Indiana Rural Health Association's annual conference June 9 -11 in French Lick.

"Visions for Healthier Generations" offered a wide range of sessions focusing on creating a foundation for a healthier Indiana.

Nearly a dozen State Department of Health employees attended, and in some cases, presented at the conference.

Non-session highlights included the singing of the national anthem by Bryn Lawton Chapman, Miss Indiana; a hog roast; a history lesson on French Lick by Jerry Denbo, Indiana State Representative; a silent auction; an awards ceremony; and an early morning walk on the resort grounds.

State Health Commissioner Greg Wilson, M.D., participated in the opening keynote panel discussion on Rural Healthy People 2010.

"We've moved into an era in which we need to be responsive 24/7," he said.

He went on to describe how public health is now in the limelight, and how state and local agencies need to

collaborate, communicate, and share resources, staff, and goals.

"We have to work together. Public health is no longer divided between state

and local," stressed Wilson.

Wilson also discussed key areas that the State Department of Health is working on: infrastructure, data, access to health care, and community coalitions.



Photo by Dan Axler

State Health Commissioner Greg Wilson, M.D., participates in a panel discussion on public health at the Indiana Rural Health Conference in French Lick, Indiana.

Agency officials receive health conference awards

Two Indiana State Department of Health officials were presented with awards by the Indiana Rural Health Association at its annual conference this month in French Lick.

State Health Commissioner Greg Wilson, M.D., was awarded the Public Service award for "contributing to public good and its trustee of the rural health community." Dr. Wilson was also honored for his investing in "the community as a whole through acts and services clearly in the rural health community's best interest."

Robert Sunman, Office of Rural Health director, was presented with the Collaboration award. Sunman was honored for working jointly with others to achieve a common goal toward the betterment of rural health, and for demonstrating a team spirit that has "motivated others to work with a positive synergy to cross disciplines and regions."

Hurst, Gamache named directors

Former Deputy State Health Commissioner Michael Hurst, J.D. will return to the State Department of Health on July 12. He has been named the director of the Public Health Preparedness and Emergency Response Division, after serving as the state Public Records Access Counselor since October 2003.

Roland Gamache, Ph.D. will become director of the expanded Health Data Center. In a memo to State Department of Health staff, Dr. Wilson wrote that in this role, Gamache will lead the agency towards achieving our information vision of developing "An easy to use, integrated electronic information environment that provides ISDH employees and others with immediate access to the accurate, timely health data they need to work more effectively and efficiently."

Official discusses state's childhood obesity strategic plan

"Childhood Obesity is not a new problem," William Wishner M.D., told his audience at the Indiana Rural Health Conference earlier this month.

During the session, Wishner discussed the risk factors and causes of obesity, stakeholders in the fight against it, and the ways to overcome it. Wishner is a special consultant to the Indiana State Department of Health working on a strategic plan to attack Indiana's childhood overweight and obesity problem.

Parental obesity and behaviors, sedentary behaviors, caloric intake, low socioeconomic status, low birth weight, formula feeding, genetics, and the environment all can play a role in obesity, Wishner said.

With risk factors identified, Wishner posed the question, "Whom do we blame?"

"We are all responsible for allowing it to happen," he said. "We are also responsible for effecting the changes."

And there are many ways – and many stakeholders - who can make that change.



"Childhood overweight and obesity is not unaddressable. We are a modern society. We have to learn to use what we have to effect change."

--William Wishner, M.D.

"Childhood overweight and obesity is not unaddressable. We are a modern society. We have to learn to use what we have to effect change," Wishner said.

'The movement' as he calls it, includes social stakeholders such as public health, schools and universities, government, food businesses, and others.

Wishner's strategic plan includes five key parts: creating awareness, promoting opportunities to change, encouraging enabling legislation, monitoring trends, and participating with stakeholders.

"We are building the Indiana engine that could," he said. "We need to take the time to have thoughtful clear strategies that can be communicated to all

stakeholders in order to get coordinated support."

Communities, he said, can get involved in a variety of ways. Wishner encourages each to be creative in approaches, be sustained in efforts, be careful in execution, to partner with others, and to search for resources.

Prevention is the key, Wisher said.

"These efforts touch all children and encourages better health," he said. "The children today are the parents of tomorrow."

"And most importantly," he said, "Share this responsibility in shaping the future of Indiana children. Be part of this legacy."

Emergency preparedness discussed at conference

Several State Department of Health employees presented information on bioterrorism at the Rural Health Conference.

Leah Ingraham, Bioterrorism; Margaret Joseph, Office of Public Affairs; and Kathy Weaver, R.N., Office of Policy, joined Angie Hamilton from the Rural Health Association in presenting the "Bioterrorism" session.

Rural Indiana

"Why would it happen in rural Indiana?"

According to Hamilton, 67 out of Indiana's 92 counties are considered rural and 35 percent of Indiana's six million residents live in rural areas.

"Most of Indiana is rural," she said. Other reasons bioterrorism could happen in rural Indiana is because of the location of power plants and weapons of mass destruction, less security, locations of water supply and the location of chemical plants and industries.

Additionally, she said, there are other reasons that everyone should consider

such as the movement of planes, trains and automobiles throughout Indiana, the number of international travelers, and the weather.

First responders

Ingraham, an external consultant to the State Department of Health's Public Health Emergency Preparedness unit, gave an overview of the approach that official first responders take during an emergency, and pointed out the complexity of response when a large-scale event occurs.

The State Department of Health, local health departments, hospitals and planning districts would all have responsibilities, she said.

"With many responding agencies, a method of incident management is necessary, the most recent version being the Medical and Health Incident Management System," said Ingraham.

Furthermore, she said, community partners, such as the American Red Cross and elected officials, would play an important role, too.

"Find out about your county emergency plans," she encouraged everyone adding that its also important to learn about the federal assets, as well.

Emphasis is now placed on all hazards, including chemical, biological, radiological/nuclear and explosive.

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The Indiana State Department of Health Express is a biweekly publication for ISDH employees and stakeholders. Words in blue are links that you can access directly if you read the Express on-line. To submit news items, call (317) 234-2817 or send information to: ISDH Express, Office of Public Affairs, 2 N. Meridian St., Section 6G, Indianapolis, IN 46204-3003. Inquiries should be directed to:

Julie Fletcher, Editor
Telephone (317) 234-2817
Fax: (317) 233-7873
jfletcher@isdh.state.in.us
<http://www.statehealth.IN.gov>

Margaret Joseph, Director of Public Affairs

Gregory A. Wilson, M.D.
State Health Commissioner

Home, other items could be source of lead poisoning

It could be lurking in your furniture, vinyl mini-blinds, or even your leaded crystal. Your pre-1978 home could be full of it, too. And you may not even know it.

That's what Nicole Bolde, [Indiana Childhood Lead Poisoning Prevention Program](#), told audience members about high levels of lead in her session at the Indiana Rural Health Conference this month.

"Lead poisoning is a major preventable, environmental health problem," Bolde said. "And children are especially at risk."

The most common cause of childhood lead poisoning today is the deterioration or disruption of a lead paint surface in a home, Bolde explained.

"The largest source of lead availability to most children is in their own home. The older the house, the more likely it is to contain lead and have a higher concentration of lead in the paint," she said explaining that housing units built before 1950 pose the greatest hazard to children.

"There were 71,7111 housing units (28.3 percent of total housing) built

before 1950," Bolde said. "Indiana ranks 11th nationally in homes built prior to 1950."

Bolde explained that the number one risk factor of lead poisoning is living or visiting homes built before 1978. This, she said, includes anywhere a child spends more than 10 hours a week, such as daycare centers or the home of babysitters. Others at risk are those with a low-income, those who are 6 to 36 months, those that are anemic, those who are of an ethnic culture, or are a minority, and individuals that have an occupation that involves lead.

Primaries sources of lead today include dust, paint, and soil. Among some of the secondary sources are water, ethnic cosmetics, car batteries, old toys, and bullets.

"Lead enters the body through ingestion, inhalation and during pregnancy when lead crosses the placenta," said Bolde.

Once in the body, lead poisoning can impinge on the body in several ways. "The central nervous system, the muscular and skeletal system and renal systems can all be affected," she said.

Blood lead levels (BLLs) as low as 10 micrograms per deciliter (µg/dL) are associated with harmful effects on children's learning and behavior.

"You can notice aggressive and antisocial behavior, learning disabilities, and attention deficient hyperactivity disease," Bolde explained.

Early detection is the key to lowering blood lead levels.

"The earlier elevated blood lead levels are detected," said Bold, "the sooner the environment can be looked at, and the levels can be lowered – stopping more damage from happening."

While the Indiana State Department of Health offers free lead screenings, only about 25 percent of Indiana children have been tested before age six (based on the birth count of 1996).

"Nearly five percent of children tested had an elevated blood level," Bolde said stressing the importance of lead poisoning testing. "Many children," Bolde said, "especially those living in older housing or who are of low income families are still being harmed by the effects of lead poisoning."

Prepare

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"The 911 events and the October 2001 Anthrax attacks have changed our understanding of how important it is for medical and public health officials to be fully prepared for coordinated emergency responses," Ingraham said.

Crisis Communication

Joseph gave a brief rundown of the Crisis + Emergency Risk Communication developed by the Centers for Disease Control and Prevention after the 2001 anthrax attacks.

The plan addresses ways for an organization to effectively communicate after experiencing an unexpected crisis.

"These are a set of tools to help you deal with the unthinkable," said Joseph.

The three key ingredients to successful crisis communication, she said are "Be first, be right, be credible."

Also important to remember is that communication during a crisis requires the message, messenger and method of delivery.

Joseph stressed that negative outcomes can be reduced or prevented by expressing empathy and caring, and by exhibiting competence and expertise. She also went over tips for putting together messages for the public.

Focus Areas

Weaver described the seven focus areas of the Centers for Disease Control and Prevention funding for bioterrorism and emergency preparedness.

Using federal grant money, the State Department of Health "provides direct and indirect financial support to local public health so they can prepare for any emergency event," Weaver said.

A handout Weaver distributed at the conference described the following focus areas:

A=Planning, Assessment, Administration
B=Surveillance and Epidemiology
C=Laboratory Capacity – Infectious Bioterrorism
D=Laboratory Capacity – Chemical Terrorism

E=Health Alert Network/Communications and Information

F=Risk Communication and Health Information

G=Preparedness Education and Training Dissemination

Hospital Preparedness

John Braeckel, Bioterrorism, and Spencer Grover, Indiana Hospital and Health Association, discussed the hospital side of bioterrorism preparedness during the "Indiana's Preparedness for Bioterrorism and Other Public Health Emergencies" session.

"We can't protect against (bioterrorism or a public health emergency). We can only respond effectively," said Grover.

He and Braeckel went on to discuss how hospitals are benefiting from grant money administered by the State Department of Health. The money, allocated to Indiana hospitals based on emergency room visits, is being used for such things as radio communications, hospital-readiness assessments, training, isolation rooms, decontamination, and personal protective equipment.

INDIANA RURAL HEALTH CONFERENCE

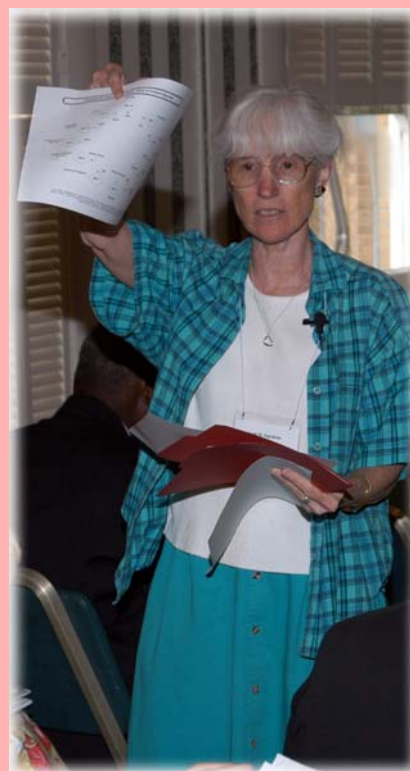
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Above: Wendy Gettelfinger, D.N.S., Assistant Commissioner, Community and Family Health Services, attends a session with Nellie Simpson, R.N., Local Liaison Office. Right: Robert Sunman, Office of Rural Health, receives the Collaboration award.



State Health Commissioner Greg Wilson, M.D., was presented with the Public Service award.



Leah Ingraham, Bioterrorism, discusses a handout during the "Bioterrorism" session.



Robert Sunman, Office of Rural Health; Nellie Simpson, Janet Chorpennig, Donald Beller, and Patrick Durkin, Local Liaison Office, pose for a photo with the Office of Rural Health's display.

Photos by Dan Axler